REASONABLE CHARGES

RELEASE NOTES

Patch IB*2*106

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Department of Veterans Affairs
VISTA Software Development
Team

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Introduction

VHA received authority to bill Third Party payers reasonable charges that are responsive to market prices for the market area in which the care was provided by Public Law 105-33, The Balanced Budget Act of 1997. Previous charges to Third Party payers were based on cost to the VA of the care provided.

The result of this authority has been the development of Reasonable Charges for the market areas of each VHA facility. The rate schedules for each facility include approximately 500 DRG per diem charges for inpatient facility billing, nearly 7300 CPT procedure charges for Professional billing, and another 4000 CPT procedure charges for outpatient facility billing.

This patch, IB*2*106, was developed to provide Integrated Billing software support for Reasonable Charges. Integrated Billing patch IB*2*106 provides two basic features:

- The ability for facilities to upload into the Integrated Billing Charge Master utility those rate and charges required for the locations in which care is provided.

- The ability to utilize these charges to price claims to be submitted to third party insurance carriers. This includes modifications to the Integrated Billing autobiller utility to utilize the Reasonable Charges when creating and pricing claims.

The actual charges will be distributed to the sites through a set of host files that will be released in conjunction with the software updates in IB*2*106. The sites will extract from these files the charges for their specific treatment facilities through a VistA software interface. IRM staffs should be aware that approximately 1.1-1.3 megabytes of disk space is required for each division/CBOC for which they bill.

Please ensure that a copy of these Release Notes is distributed to the appropriate users.

Overview

Reasonable Charges changes the pricing of claims from a daily per diem to itemized charges based on the care provided. All charges will be site specific.

Reasonable Charges will be used for Reimbursable Insurance, No Fault, and Workers Comp Rate Types. The charges applied to all other Rate Types will remain the same.

Charges for both inpatient and outpatient care are divided into institutional charges and professional charges. These are usually billed on separate claims.

Reasonable Charges Inpatient:

- Institutional/Facility charges are a daily per diem based on DRG.
- Professional charges are based on CPT procedures.
- Skilled Nursing/Sub-acute care is a flat rate daily per diem.

Reasonable Charges Outpatient:

- Institutional/Facility charges are based on CPT procedures.
- Professional charges are based on CPT procedures.

The required effective date for Reasonable Charges is September 1, 1999. Reimbursable Insurance, No Fault, and Workers Comp claims for care on or after this date must be charged using Reasonable Charges.

The date Reasonable Charges become effective on a site's system is defined by the Effective Date of the Rate Schedules in the Charge Master. The Inactive date of the previously used Rate Schedules for Tortiously Liable charges should be set to the day before the Reasonable Charges effective date.

The inactivation date of Tort Liable charges and the activation date of Reasonable Charges should be set during the patch installation for Reimbursable Insurance, No Fault, and Worker's Comp Rate Schedules.

There is an IRM option available to load a site's set(s) of Reasonable Charges from the national set of Reasonable Charges.

Each site will have to load a set of charges for each division they bill for. Therefore each site may have several division/CBOC specific sets of Reasonable Charges on their system.

Functional Description

The following items define billing by Reasonable Charges.

Inpatient

Inpatient Institutional charges are based on the DRG for the care being billed. This DRG is calculated for each specialty transfer movement (501) in the PTF record.

Inpatient Professional charges are based on the CPT procedure codes on the bill. Since inpatient care is coded in ICD, this care can not be priced until it has been re-coded using CPT procedures.

All Inpatient bills will be initially created as Institutional bills. When this bill is authorized it will be automatically copied to create the Inpatient Professional bill. The ICD procedure codes will not be copied. Charges for the new bill will not be calculated until it is coded using CPT procedures.

Skilled Nursing and Sub-Acute Care

Skilled Nursing and Sub-Acute care (SNF) are charged using a standard per diem specific to a site. This care can not be uniquely identified from the information available on a bill and therefore this care will not be automatically priced until it is selected.

The billing clerk must recognize an episode that should be billed as Skilled Nursing or Sub-Acute care then enter that item onto the bill and then it will be priced.

Outpatient

Both Outpatient Institutional and Professional charges are based on the CPT procedure codes on the bill.

All Outpatient bills will be initially created as Institutional bills. When this bill is authorized it may be automatically copied to create the Outpatient Professional bill. All procedure codes will be copied and the new bill will be automatically priced.

There are some types of care, such as Physical Therapy, that may have Institutional charges but no Professional charges. Therefore the Professional bill will only be automatically created if the CPT procedures on the Institutional bill have associated Professional charges.

There are some types of care that will have Professional charges but no Institutional charges. In this case the first bill created will have no associated charges. This first bill does not need to be cancelled; instead, it should be changed

to a Professional bill, which will cause the charges to be recalculated for Professional charges.

Observation Care

Observation care may be billed if the stay was less than 24 hours and did not result in the patient being admitted. The episode must be recognized by the billing clerk and coded with the appropriate Observation procedures. It will then be correctly priced.

Prescriptions

The Tortiously Liable Billing Rate will continue to be used as the charge for prescriptions.

It will now be possible to bill the original prescription for an outpatient. With Reasonable Charges the original prescription will no longer be considered part of the outpatient visit charge and therefore may be billed along with all refills.

Similarly, prescriptions issued to inpatients at the time of discharge may be billed because they are no longer included in the inpatient per diem charge.

Prosthetics

Certain types of Prosthetic items are billable to Third Party payers. The charge to be used is VA Cost. This may be set up through the Charge Master.

Multiple Surgical Procedures Discount

Outpatient Institutional bills will have a multiple surgical procedure discount applied. If more than one surgical procedure is performed on a single day the following discount will be automatically applied when the institutional charges are calculated for the bill:

Surgical Procedures:	10000-69999 and 93501-93533
Billed At:	100% - of highest cost surgical procedure
	25% - of second highest cost surgical procedure
	15% - of third highest cost surgical procedure
	0% - for fourth and all subsequent surgical procedures

Provider Discounts

Professional bills will have a provider discount applied for certain types of providers. The following percentage of the standard total charge will be applied to charges for care billed for providers identified as one of the following groups.

85%	Nurse Practitioner
85%	Clinical Nurse Specialist
85%	Physician Assistant
50%	Certified Registered Nurse Anesthetist
80%	Clinical Psychologist
75%	Clinical Social Worker
75%	Dietitian
80%	Clinical Pharmacist

Charges for care provided by a Certified Registered Nurse Anesthetist who is not supervised may be billed at 100% of the total physician charge. This special case can not be recognized during auto charge calculation, the charge must be manually changed to 100% when appropriate.

This standard list of discount provider types, as defined by Reasonable Charges, will be defined as a Charge Master special group: RC PROVIDER DISCOUNTS.

Supporting Functionality

These are generalized descriptions of the various software elements needed to support the definition of Reasonable Charges. In some cases the usefulness of the element is not limited to Reasonable Charges.

Institutional and Professional Bills

Reasonable Charges is divided into charges for Institution/Facility and Professional Charges. All bill's will initially be created as institutional bills, whether created manually or by the auto biller.

A bill is defined as either Institutional or Professional based on a new bill field called Charge Type. This may be viewed/edited on screen 6/7 of the Enter/Edit Billing Information [IB EDIT BILLING INFO] option. If this field is set then the bill charge auto calculator will automatically add charges that correspond only to this Charge Type.

If an Institutional bill has no facility charges then that bill's Charge Type may be changed to Professional and the charges will recalculate.

In general, Institutional charges should be billed on a UB-92 and Professional Charges should be billed on a HCFA 1500. A bills form type is automatically set corresponding to the types of charges on the bill. The one exception is if the Bill Payer Insurance Company requires a specific form type, then the bill will automatically be set to that form.

If a bill is defined as an Institutional bill then only charges defined as Institutional will be automatically added and the bills form type will automatically be set to UB-92.

If a bill is defined as a Professional bill then only charges defined as Professional will be automatically added and the bills form type will automatically be set to HCFA 1500.

Note that Laboratory charges are defined as a professional charge and therefore will only be added to professional bills. However, it may be necessary to bill these on a UB-92 rather than a HCFA 1500. If this is the case then create the professional bill for the Laboratory codes and charges then change the form type to UB-92.

Multiple Bills per Episode

Since Reasonable Charges is divided into charges for Institution/Facility and Professional Charges, most episodes will require two bills, one for each type of charge. All bills are initially created as Institutional bills with the exceptions listed here.

When an *Inpatient Institutional* bill is authorized it will be automatically copied to create a corresponding professional bill for the same episode. Since the procedures on the institutional bill will be ICD procedures and the professional bill requires CPT, the procedure codes will not be copied to the second bill. This second bill will not be automatically priced until it has been coded in CPT.

When an *Outpatient Institutional* bill is authorized and any of the CPT procedures on that bill have professional charges then it will be automatically copied to create a corresponding professional bill for the same episode. The CPT codes will be copied and the bill will be automatically priced.

When a *Professional* bill is authorized the user will be asked if they want to create another professional bill for the same dates of care. If this is answered Yes then the bill just authorized will be copied and a new Professional bill created. The CPT procedure codes will not be copied and the new bill will not be automatically priced.

Site/Division Specific Charges

All charges defined in Reasonable Charges are site/division specific. The assignment of charges to a bill using Reasonable Charges is always based on the division at which the care was provided. If no division is defined, charges will not be calculated.

A bill is assigned to the site's Default Division when it is created. When procedures are added to the bill, the bills default division will be changed to the division of the first procedure, if any.

Within the Charge Master each Reasonable Charges Charge Set will be associated with the divisions it applies to through the assigned Billing Region.

When charges are calculated for a bill only those Charge Sets associated with the division that is assigned to the bill will be used.

For CPT based charges a division may be assigned to each CPT procedure. If there is no division assigned to a CPT then the bill's Default Division will be used. If neither of these is set then no charges will be added to the bill.

For DRG based charges, the division used will be the division assigned to the Ward the patient was in during the stay. This is taken from the admissions PTF record. If the ward does not have a division assigned then no charges will be calculated.

Miscellaneous Billable Items

There are certain types of items that may be billable but can not be directly identified from the events on a bill. *Skilled Nursing Care* and *Sub-Acute Care* are two examples of this. A new method has been created for adding charges for these types of items to a bill.

These items are defined in the Charge Master as Miscellaneous items and may be selected directly when editing a bill rather than automatically having their charges added.

The available charges to add to the bill can be displayed using selection 6 (re-calculate charges) on screens 6/7 of the Enter/Edit Billing Information [IB EDIT BILLING INFO] option. Miscellaneous type charges are identified with an 's' on the far right. When charges of this type are chosen and an item is selected then the charge will be calculated and added to the bill.

Inpatient Diagnosis

Previously, for inpatient bills the diagnosis pulled from PTF for display and addition to the bill were exclusively from the 501 specialty transfer movements.

This has been updated to include the discharge diagnosis from the 701 movement. When the discharge is within the range of a bill these 701 diagnosis will be displayed with an 'X' identifier within the bill screens and the auto biller will automatically add these as the diagnosis for the bill. If the discharge is not within the date range of a bill only the specialty transfer movement (501) diagnosis will be available.

The 701 diagnosis does not have an SC/NSC designation. Therefore when the auto biller is adding the 701 diagnosis to a bill the SC/NSC designation is determined based on the diagnosis on the specialty transfer movements (501) and the following rules:

- Any diagnosis that is the first or primary diagnosis on an SC movement will be considered SC and not added to the bill
- Any diagnosis only on an SC movement will be considered SC and not added to the bill

Inpatient DRG Calculations

A DRG is needed to bill inpatient facility per diem charges. There will be a DRG charge for each specialty movement a patient had during an admission (except for SNF). To calculate this DRG, all Diagnosis and Procedures in a PTF record are grouped by specialty movement. A DRG is then calculated for each specialty movement within the date range of the bill.

A division is assigned based on the Ward location of the patient. The Inpatient Institutional/Facility charge will be based on the calculated DRG and the ward division.

Special Group, Revenue Code Links

It may be appropriate to bill certain CPT codes or ranges of CPT codes with a specific Revenue Code. The Special Groups within the Charge Master provides the ability to link a CPT with a revenue code, this link is then used to assign revenue codes to bills.

One set of Revenue Code - CPT links is exported with Reasonable Charges: STANDARD RVCD LINKS. This will be used with Reasonable Charges Physician and Outpatient Facility charges. This is a standard list of all revenue codes that are required for a specific CPT and should only contain standard required links. Therefore this group should not be edited unless the new/changed link is required on most bills.

It is possible to add a local set of Revenue Code - CPT links by creating a new Revenue Code Link special group.

When a CPT charge is added to a bill and the CPT has one of these links with a revenue code then that revenue code will be used for that CPT's charge on the bill.

Special Group, Provider Discounts

It may be inappropriate to bill the full physician charge for certain types of providers. The Special Groups within the Charge Master provide the ability to define provider discounts. The provider discount group is a link between a type of provider, the appropriate discount, and the Person Classes that define that provider type.

One set of Provider Discounts is exported with Reasonable Charges: RC PROVIDER DISCOUNTS. This is a standard list of provider discounts as defined by Reasonable Charges and will be used with Reasonable Charges Professional charges. This group should not be edited unless the change or addition applies to Reasonable Charges professional charges.

It is possible to add a local set of provider discounts by creating a new Provider Discount special group.

To appropriately apply this discount to charges on a bill a provider must be associated with the procedure being charged.

It is now possible to associate the provider with a procedure on a bill. If this provider's Person Class is contained in one of the discount groups then that discount will be applied to the charge for the procedure. If a procedure is selected from the list of procedures in PCE or automatically added by the auto biller then the procedures provider in PCE will be automatically added.

Changed Options

CHARGE MASTER

The Charge Master contains all Third Party billing rates and procedures to support pricing a claim. Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option.

- Two new Billable Bedsections have been added:
  - SKILLED NURSING/SUB-ACUTE CARE.
  - OBSERVATION CARE

- Two new types of billable items have been defined in the Charge Master so that charges may be associated with them:
  - DRG: for RC inpatient facility charges
  - MISCELLANEOUS: for Skilled Nursing and Sub-acute care.

- Charge Sets may now be defined as either exclusively institutional or professional charges using the *Charge Type* field. If this field is set, the charges of the set will only be auto added to bills defined as the same Charge Type. This field was previously informational only.

- A *Multiple Surgical Procedure Discount* is defined as the following:
  - Billing Rate of the charge must be RC OUTPATIENT FACILITY
  - Discount only applied to procedures completed on the same day.
  - Surgical Procedures only: 10000-69999, 93501-93533
  - The following percentage of the original amount is added to the bill for the procedure when the above rules apply:

    100% of highest cost surgical procedure
    25% of second highest cost surgical procedure
    15% of third highest cost surgical procedure
    0% of all other surgical procedures

- *Special Groups* may be defined for special processing of bill charges.

- *Revenue Code Link* special groups may be defined for a rate to force a particular revenue code to be used with the charge for a particular CPT. One group is exported with this patch:
  - STANDARD RVCD LINKS. This contains 2108 CPT codes (215 entries with ranges) linked to 57 Revenue Codes.
  - This group will be used with RC OUTPATIENT FACILITY and RC PHYSICIAN rates.

- *Provider Discount* special groups may be defined for a rate to apply a discount to the charges for certain types of providers. Person Class identifies the providers associated with each type of provider. The percentage shown is the percentage of the total charge that will be billed. One group is exported with this patch:
    - RC PROVIDER DISCOUNTS. This contains the 8 Provider Types defined by Reasonable Charges.
        85% Nurse Practitioner
        85% Clinical Nurse Specialist
        85% Physician Assistant
        50% Certified Registered Nurse Anesthetist
        80% Clinical Psychologist
        75% Clinical Social Worker
        75% Dietitian
        80% Clinical Pharmacist
    - This group will be used with the RC PHYSICIAN rate.

- When editing either Charge Sets or Billing Regions it will allow *invalid Division numbers* to be corrected for all elements. These invalid division numbers are the result of uploading charges for divisions that did not have a division number assigned when the charges were originally created.

- The Delete Charges from the Charge Master [IBCR DELETE CHARGE ITEMS] option has been updated to allow *Charge Sets to be deleted* if the user deletes all charges for the set. The Charge Set will be removed from any Rate Schedules or Special Groups it had been assigned to. The Billing Region assigned to the deleted Charge Set will also be deleted if it is not assigned to any other Charge Set. (Note that the original nationally released Tort Liable and Interagency Charge Sets are excluded from this and still can not be deleted.)

BILL CHARGE AUTO CALCULATOR

Background processor that calculates charges for each Third Party claim. This function is based on the data on the bill and the set up in the Charge Master.

- All Reasonable Charges are based on division.
- The charges in the Charge Master have division assigned by the Billing Region.

- The items on the bill have the division assigned based on:
    - ward for Inpatient Institutional bills
    - the procedures division or the bills division for all other types of bills.

- Calculation of DRG charges for Inpatient bills.
    - A DRG is calculated for each PTF specialty movement (501) within the date range of the bill. This DRG is assigned as the billable item for each billable day the patient was in that specialty.
    - The transfer movements are compiled from PTF to identify the correct ward the patient was assigned to. The wards division determines which facility the patient was staying at.
    - The DRG will then be priced according the ward division and date.

- Institutional vs. Professional charges
    - If the bill is defined as institutional or professional then only those types of charges in the list of auto add sets will be added automatically.
    - If the bill is not defined as either institutional or professional then all charges defined as auto add will be automatically added.

- The Multiple Surgical Procedure Discount is automatically applied to Reasonable Charges Outpatient Facility bill charges.
    - All procedures with a RC OUTPATIENT FACILITY charge are compiled by date then the discount per CPT is calculated.
    - The bill's charges are set to the required discounted amounts.

- Revenue codes will be assigned to CPT procedures based on the following order (lowest to highest precedence):
    - Charge Set default revenue code.
    - Revenue code linked to CPT in a Revenue Code Link special group.
    - Charge Item revenue code.
    - The Insurance Company replacement revenue code as defined in the DIFFERENT REVENUE CODES TO USE Insurance Company field.

- The bedsection assigned to Inpatient Professional charges will be the bedsection the patient was on the date of the procedure, as defined in PTF.

- Provider discounts will be applied to charges based on the Person Class of the provider that performed a procedure and any existing Provider Discount special group.

- The charges for a bill will be based on those Rate Schedules that are active at the Statement From and the Statement To dates of the bill. Previously only the Statement From date of the bill was used. This means that new bills will not be required for care that spans the activation date of Reasonable Charges, a single bill may contain both Reasonable Charges and Tort charges.

- Before this patch, if the address on the bill was edited it may have been changed back to the original address automatically. When the auto charge calculator completed calculating charges for any outpatient bill it was deleting then re-adding the Insurance Payers address. This was for those cases where the payer had a separate Rx address from their Opt address. The only way to know which address to use is to look at the bill charges. This has been changed so the address is updated if the bill has only Rx charges.

BILL DEFINITION

There have been several changes to the Bill/Claim definition to support Reasonable Charges. The Enter/Edit Billing Information [IB EDIT BILLING INFO] Option.

- Two new types of charges have been added to a bill:
  - DRG: for DRG charges on inpatient facility bills
  - UNASSOCIATED: for any Miscellaneous type of billable item. These items are not associated with an actual event on the bill as other charges are. (Ex: Skilled Nursing and Sub-Acute care)

- The site's Default Division will be automatically added as the *bill's Default Division* (screen 6/7) when the bill is created. When procedures (screen 4/5) are added to the bill, the bills default division will be automatically changed to the division associated with the bill's first procedure.

- Entering '?CHG' on any bill will display all billable items on the bill, the charge, and any discounts or adjustments applied. The display is in two parts: the first part is all charges automatically applied to the bill, the second part is the charges that can be selected to be added to the bill. Enter '?' for the list of all special help.

- Entering '?PRC' on any bill will display all procedures on the bill and related data. Enter '?' for the list of all special help. Also available on review of a bill.

Screen 4/5

- *Inpatient Diagnosis* processing and display has changed:
  - The diagnosis assigned to the specialty movements (501) within the date range of the bill will be displayed on the left side using identifiers A-W.
  - The DRG calculated for the specialty movement (501) will display with the diagnosis. This is the DRG used for inpatient facility charges.
  - If the discharge is within the date range of the bill then the diagnosis assigned to the 701 movement will be displayed on the right side using the identifier 'X'.
  - Any diagnosis already assigned to the bill will have a '*'.
  - The auto biller will add the specialty movement (501) diagnosis if the discharge date is not within the date range of the bill.
  - The auto biller will add the 701 diagnosis if the discharge is within the date range of the bill.

- The *original fill* of a prescription will now be available to add to the bill if the bills auto added charges are not Tortiously Liable or Interagency.

- *Procedure* data has been expanded:
    - *Provider* has been added as a field to each procedure to capture the provider that performed that procedure. This is used to determine the charges *provider discount*, if any.
    - *Associated Clinic* will always be asked for a procedure.
    - *Division* will always be asked for each procedure. This will default to the procedures clinic division. This is only needed when adding procedures performed at a site other than the bills default division. Used in calculating charges.

- The display of *outpatient visit dates* on screen 5 selection 3 has been expanded to include the visit's clinic and primary provider. An indicator of the listed bills Charge Type (Inst/Prof) has also been added. CPT and Charge have been removed.

- The display of *outpatient diagnosis* on screen 5 selection 2 has been expanded to include the visit's clinic.

- The display of *outpatient procedures* on screen 5 selection 4 has been expanded to include the visit's clinic.

- *Non-billable clinics* and stop codes were not being flagged on the screen 5 selection 4 procedure display. This has been fixed. NOIS WPB-1297-31246

- When *outpatient procedures* are loaded from PCE on screen 5, selection 4 or added by the auto biller the following procedure related data fields will be filled automatically with data from the PCE visit:
    - The *Provider* will be loaded with the provider that performed the procedure.
    - The *Associated* Clinic will be loaded with the visit's clinic.
    - The *Division* will be loaded with the associated clinic's division.

Screen 6/7

- The DRG will be displayed next to a *DRG charge* rather than the revenue code name.

- The display of charges will now indicate the number of units associated with a charge if it is greater than 1 and not a CPT charge.

- Entering selection 1 will now cause the bill's charges to be recalculated. There are two fields that may be edited in selection 1 that may affect the charges: Division and Charge Type

- Add Unassociated item charges to a bill
    - *Skilled Nursing/Sub-Acute Care* and Miscellaneous Items.
    - Under selection 6, screen 6/7, these are displayed with an 's' on the far right of the screen.
    - If an Unassociated Charge Set is selected then the user is asked which individual item they want billed.
    - The charges for the selected items are added to the bill.
    - When the charges are displayed on screen 6/7 the name of the item selected will appear with the charge rather than the revenue code name.

- Selection 6 will now display the Rate Schedules active both at the beginning and ending dates of the bill for possible selection and charge calculation.

Institutional vs. Professional bills

- There is a new bill field, *Charge Type*, on screens 6/7, selection 1, that may be used to define a bill as either exclusively institutional or professional.

- All Reasonable Charges bills created either manually (Enter/Edit) or by the Auto Biller will be created as Institutional bills.

- *Institutional vs. Professional Charges*.
    - If a bill is defined as either institutional or professional then only those types of charges will be added automatically.
    - If the bill is not assigned as either professional or institutional then all types of charges will be added automatically.
    - On Screen 6/7, selection 6, the default selection of charges to add to the bill will correspond to the bills Charge Type.
    - On Screen 6/7, selection 6, has been modified to display the Charge Type of the sets being displayed.
    - If a bill's Charge Type is edited, the bill's charges are re-calculated.

- Creating *Multiple Bills per Episode*: Institutional and Professional
    - When an Inpatient Institutional bill is authorized it will be automatically copied to create the corresponding Inpatient Professional bill, unless one already exists. Procedures are not copied.
    - When an Outpatient Institutional bill is authorized it will be automatically copied to create the Outpatient Professional bill if there are corresponding Outpatient Professional charges and one does not already exist. Procedures are copied.
    - When a Professional bill is authorized (either inpatient or outpatient) it will ask if the user wants another professional bill for the same dates of

care. If this is answered Yes then the bill just finished will be copied to produce another professional bill. Procedures are not copied.
    - This copy for professional bills will only happen if the bill payer is the first payer on the bill that will reimburse, i.e. bills copied from a primary bill for COB will not again be copied for institutional/professional charges.

- The bill's *Form Type* is automatically set but may be manually changed.
    - If the bill's Charge Type is Institutional, then the bills Form Type will automatically be set to UB-92.
    - If the bill's Charge Type is Professional, then the bills Form Type will automatically be set to HCFA-1500.
    - The Form Type required by the responsible Insurance Company (if any) will override Charge Type's default form.
    - Form Type has been added to screen 6/7, selection 1, so it is viewable and editable with Charge Type. This field is also available on screen 3, selection 1.

- The lists of existing bills displayed during entry into Enter/Edit bills has been updated to include the Charge Type of the bill (Institutional/Professional flag).
    - The bill's Charge Type flag has replaced the display of the bill's form type on the list of all bills available to edit.
    - The bill's Charge Type flag will display on the list of all bills for a patient and date.

- Non-Reasonable Charges bills will be created without Charge Type (Institutional or Professional) defined, and all charges will be added.

THIRD PARTY AUTO BILLER

Background process that creates bills automatically based on several parameters and visit data. These changes to the auto biller directly correspond to changes to the Bill Definition (listed above).

- All Reasonable Charges bills will be created with a Charge Type of *Institutional*.
- When *outpatient procedures* are loaded from PCE the following procedure related data fields will be filled automatically with data from the PCE visit:
    - The *Provider* will be loaded with the provider that performed the procedure.
    - The *Associated* Clinic will be loaded with the visit's clinic.
    - The *Division* will be loaded with the associated clinic's division.
- The *inpatient diagnosis* added from PTF will be the 701 diagnosis, if the bill is the final bill for the stay.
- the *inpatient diagnosis* added from PTF will be the specialty movement (501) diagnosis, if the bill is an interim bill.
- The *bill's Default Division* will be set to the division associated with the bill's first procedure. If there is no procedure division then the site's Default Division will be used.
- A notice is set for the event on the Print Auto Biller Results [IB OUTPUT AUTO BILLER] report for Outpatient RC Facility bills that have been created with a bill payer but no charges. This should serve as a flag that the event might have no facility charges so the bill can be changed to a professional bill.

CLAIM FORM CHANGES

These changes to Claims Form printing are implemented using the Output Formatter.

- HCFA 1500 block 24F CHARGES (BX-24F) will be the total charge for the line item, rather than the unit charge.
- HCFA 1500 block 27 ACCEPT ASSIGNMENT will now be checked.
- HCFA 1500 block 32 ADDRESS WHERE SERVICES WERE RENDERED will now contain the Institutional address of the bill's Default Division.

CHARGE MASTER REPORTS

The Print Charge Master [IBCR REPORTS FOR CHARGE MASTER] option.

- A new report has been added for the Revenue Code Links special groups.
- A new report has been added for the Provider Discount special groups. This report has two versions: one to display the Provider Discount groups and their assigned Person Classes; the other to display the actual providers within a Discount Group.
- The Billing Item report was changed to sort by and allow user selection of item type and name.
- Updated Charge Item report to include the two new types of billable items.

HOST FILE UPLOAD

The Load Host File into Charge Master [IBCR HOST FILE LOAD] option.

- This option has been updated to include the upload of Reasonable Charges from Host files into the Charge Master. Extended instructions for loading Reasonable Charges Host file are in the Charge Upload section (Appendix - B).
- The two selections for uploading the CMAC and the AWP have been updated to ask for the directory/path where the Host files reside.
- The CMAC upload was updated so it could correctly process CPT codes that begin with an alpha character and to correctly deal with effective dates greater then 1999.

OTHER CHANGES

- The Episode of Care Bill List [IB LIST BILLS FOR EPISODE] has been updated. It is now possible to select two versions of the report:
    - Patient name and episode date may be entered, the report will include any bill for that patient that has that episode date as either Event Date or Opt Visit Date. Also included are any bills related as 'continuing episodes of care'.
    - A Bill number may be entered, the report will include any bill for that patient that has the same Event Date or any of the same Opt Visit Dates as the selected bill. Also included are any bills related as 'continuing episodes of care'.
    - Previously a Bill number was entered and only bills related as 'continuing episodes of care' were included.

The data displayed has been updated to include: DOB, Charge Type (Inst/Prof), AR Status, COB, Total Charge (AR), CPT codes. The following fields have been removed: IB Status, Timeframe of bill, Type of Payer.

- The Print Auto Biller Results [IB OUTPUT AUTO BILLER] report has been updated to include a message for Outpatient RC Facility bills that have been created with a bill payer but no charges. This should serve as a flag that the event might have no facility charges so the bill can be changed to a professional bill.

- The Charge Type (Institutional/Professional) of a bill has been added to the Claim Information screen of Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY].

- If Revenue Codes exported as part of the Charge Master STANDARD RVCD LINK special group are inactive then they will be activated when the patch is installed. There are potentially 57 revenue codes that may be activated:

  301,302,305,306,307,309,310,311,312,320,322,323,324,333,341,342,
  351,352,359,360,362,370,401,402,403,404,410,413,420,430,440,441,
  450,460,470,471,480,481,482,610,636,730,731,740,750,761,901,910,
  914,915,916,918,920,921,922,924,943,

- Fixed Y2K problem that did not allow any bill for FY greater than 99 to be authorized. Also fixed problem that did not allow a FY 99 bill created in FY 00 to be authorized.

- Fixed undefined error that resulted if answered No to the 'IS THE ABOVE INFORMATION CORRECT AS SHOWN?' prompt in option Copy for Secondary/Tertiary Bill [IB COPY SECOND/THIRD]. NOIS CLA-0499-20570, NOIS BRX-0399-11363

Implementation Guidelines

Implementation of Reasonable Charges has two parts.

- The first part is installation of patch IB*2.0*106.

- The second part is the upload of the 9 Reasonable Charges data files, with Charge Upload instructions in Appendix B.

  When the Reasonable Charges data files are loaded onto your system they will be loaded with an effective date. Care provided after that date will be billed using the new charges.

  To allow for testing or familiarization with Reasonable Charge before 9/1/99 two sets of data files are provided. One set is a production version with the official start date of 9/1/99. The second set is intended for test accounts only and has an effective date of 10/1/98.

You may load the patch and later load the data files.
The primary date requirement is that the software and charges are loaded and ready for use in your production environment on 9/1/99.

Reasonable Charges applies to NO FAULT INS., REIMBURSABLE INS., and WORKERS' COMP Rate Types.

The following assume that NO FAULT INS., REIMBURSABLE INS., and WORKERS' COMP Rate Types are defined and used at a site. If this is not true then ignore the instructions for the Rate Type not used.

The installation of the patch and upload of the charges should create all Charge Master elements required by Reasonable Charges. However, if a site has modified the names of either Rate Types or Rate Schedules these may need to be update manually.

Implementation Check List/Notes

1. Once the patch is installed and the charges are uploaded, use of Reasonable Charges will begin automatically based on the effective/inactive dates of the related Rate Schedules.

2. Check activation/inactivation dates. It is important that the Rate Schedules are activated/inactivated on the correct dates in your production accounts:
   - 8/31/99 is the inactivation date for the 6 Rate Schedules associated with Tort Liable charges on a production account
   - 9/1/99 is the activation date for the for the 9 Rate Schedules added for Reasonable Charges to a production account

   If these are not the dates used do not attempt to load the Reasonable Charges data files as it will use the wrong effective date. Contact support. The Install is fine, the problem would be with the RC data upload.
   - the dates for a test account are 9/30/98 and 10/1/98, respectively.

3. If the 6 Rate Schedules linked to the Tort Liable charges for the above Rate Types were not inactivated by the install then they must be inactivated manually. Use the Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option to add an Inactive Date.

RS Name	Rate Type	Bill Type	Inactive
NF-INPT	NO FAULT INS.	INPATIENT	8/31/99
NF-OPT	NO FAULT INS.	OUTPATIENT	8/31/99
RI-INPT	REIMBURSABLE INS.	INPATIENT	8/31/99
RI-OPT	REIMBURSABLE INS.	OUTPATIENT	8/31/99
WC-INPT	WORKERS' COMP.	INPATIENT	8/31/99
WC-OPT	WORKERS' COMP.	OUTPATIENT	8/31/99

4. If the 9 Rate Schedules required for Reasonable Charges were not created during the install then they will have to be created manually. Use the Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option to create the following 9 Rate Schedules:

RS Name	Rate Type	Bill Type	Effective
NF-INPT	NO FAULT INS.	INPATIENT	9/1/99
NF-OPT	NO FAULT INS.	OUTPATIENT	9/1/99
NF-RX	NO FAULT INS.	OUTPATIENT	9/1/99
RI-INPT	REIMBURSABLE INS.	INPATIENT	9/1/99
RI-OPT	REIMBURSABLE INS.	OUTPATIENT	9/1/99
RI-RX	REIMBURSABLE INS.	OUTPATIENT	9/1/99
WC-INPT	WORKERS' COMP.	INPATIENT	9/1/99
WC-OPT	WORKERS' COMP.	OUTPATIENT	9/1/99
WC-RX	WORKERS' COMP.	OUTPATIENT	9/1/99

   The Reasonable Charges sets will be added when the charges are uploaded. To each of the above Rx schedules add TL-RX FILL as a Charge Set. Check item 5 to determine if you need to add prosthetics charges.

5. Prosthetic items that can be billed should be charged using VA Cost. If prosthetics cost is not assigned to active NO FAULT INS., REIMBURSABLE INS., and WORKERS' COMP. Rate Schedules then complete the following:
   - If there is no VA Cost Charge Set for Prosthetic Items on your system then create one:
     Name: PROSTHETICS COST
     Billing Rate: VA COST
     Billable Event: PROSTHETICS ITEM
     Revenue code and Bedsection are site decisions.
   - Add the Prosthetics VA Cost charge set to the active (on 9/1) NO FAULT INS., REIMBURSABLE INS., and WORKERS' COMP. Outpatient Rate Schedules.

6. All new bills for care on or after 9/1/99, when Reasonable Charges becomes effective, will be created as institutional bills and only have institutional charges on them, as explained in the Release Notes. However, it is possible to have a bill that spans that date and which may have both Reasonable Charges and Tort Liable charges.

   It is not required to create a separate bill for care before 9/1/99 and another bill for care on or after 9/1/99. However, any bill created for care before 9/1/99 will not be defined as only an institutional bill. Therefore a bill which spans that date will have all charges, institutional and professional, Tort Liable and Reasonable Charges.

   If the Reasonable Charges Professional charges should be billed separately on a bill which spans 9/1/99 the user will have to specifically select which charges should be added to the bill using selection 6, screen 6/7 of the Enter/Edit Billing Information [IB EDIT BILLING INFO] option.

   To avoid this situation do not create bills which begin before 9/1/99 but end on or after 9/1/99.

7. Check the Output Formatter Encounter Form IRM Options [IBDF IRM OPTIONS] for local changes to the following fields, the national form will now complete these fields:

   - HCFA 1500 - CHARGES (BX-24F): if there is a local override that prints the total charge for the line item in box 24F this needs to be deleted.
   - HCFA 1500 - ACCEPT ASSIGNMENT (BX-27): if there is a local override that prints a check in this box, it may be deleted.

- HCFA 1500 - Facility Name and Address: if there are local overrides for any of the facility name and address fields that print the bill's division address, they may be deleted.

8. The Telephone CPT codes (99371, 99372, 99373) will be added with their charges but will be inactive.

9. There are many divisions, such as CBOC, which will have only Outpatient Facility and Professional charges defined since they do not have inpatient care.

10. It is important to note that the Reasonable Charges Provider Discount is based on the provider assigned to the individual CPT code on the bill. This provider will be pulled from PCE if it exists there. If an incorrect or no provider is assigned to the procedure on the bill then the Provider Discount can not be correctly applied by the Bill Charge Auto Calculator.

11. For Reasonable Charges bills in general, Institutional bills will be created as UB-92's and Professional bills will be created as HCFA 1500's. However if an Insurance Company has a default Form Type defined then all bill's created for that Insurance Company will have that Form Type.

12. There are some types of care that will have Professional charges but no Institutional charges. In this case the first bill created will be an institutional bill but will have no associated charges. This first bill does not need to be cancelled; instead, it should be changed to a Professional bill, which will cause the charges to be recalculated for Professional charges.

13. Laboratory charges are defined as professional charges under the current version of Reasonable Charges and therefore will only be added to professional bills. However, it may be necessary to bill these on a UB-92 rather than a HCFA 1500. If this is the case then create the professional bill for the Laboratory codes and charges then change the form type to UB-92.

14. **Before 9/1/99 follow the Charge Upload instructions (Appendix B) to upload Reasonable Charges charge data onto your system.**

Appendix A - Technical Notes

NEW FILES

#363.32 BILLING SPECIAL GROUPS
Contains sets of special processing groups required to correctly bill Reasonable Charges. Two groups are exported with this patch: STANDARD RVCD LINKS, RC PROVIDER DISCOUNTS

#363.33 BILLING REVENUE CODE LINKS
One of the Special Groups. Links CPT codes and the Revenue Code they should be billed with.

The STANDARD RVCD LINKS group is exported with this patch and contains 215 entries linking 2108 CPT codes to 57 revenue codes.

#363.34 BILLING PROVIDER DISCOUNT
One of the Special Groups. Links a provider discount with the Person Class entries that discount should be applied to.

The RC PROVIDER DISCOUNT group is exported with this patch and contains the 8 provider discounts defined/required by Reasonable Charges.

NEW FIELDS

#399 BILL/CLAIMS #.27 BILL CHARGE TYPE
This field defines the types of charges that should automatically be applied to a bill: Institutional or Professional charges.

#399 BILL/CLAIMS #304 PROCEDURES MULTIPLE #18 PROVIDER
The provider that performed a procedure. This is used to determine if a provider discount should be applied to the procedures charge.

UPDATED FILES/FIELDS

#350.9 IB SITE PARAMETERS #1.25 DEFAULT DIVISION
Updated the description. This field will now be automatically assigned as the bill's Default Division (#399,.22) when a bill is created.

#363.1 CHARGE SET #.04 CHARGE TYPE

Updated the description. This field was previously only informational and had no affect on charge calculations. After this patch it will be compared against a bill's Charge Type (#399,.27) to determine if the charges should be applied to the bill.

#363.2 CHARGE ITEM

#.01 NAME - Added two new possible Charge Items to the variable pointer: DRG (#80.2) and MISC (#363.21). Also removed the screen requiring only active CPT procedures.

#.07 CPT MODIFIER - Updated the screen for valid CPT Modifier to use the new CPT API.

#363.21 BILLING ITEMS #.02 TYPE
Added definition for a new type of billing item: 9-MISCELLANEOUS.

#363.3 BILLING RATE #.04 BILLABLE ITEM
Added definition for two new types of billable items: 4-DRG and 9-MISCELLANEOUS

#363.31 BILLING REGION #.01 REGION
Increased possible field length from 20 to 30 characters.

#399 BILL/CLAIMS

#135 BILL PAYER CARRIER - Updated Form Type (#399,.19) trigger to corrected function call.

#151 STATEMENT COVERS FROM - Corrected Fiscal Year 1 (#399,209) trigger for Y2K problem.

#399 BILL/CLAIMS #42 REVENUE CODE MULTIPLE

#.O1 REVENUE CODE - Corrected input transform for FM22.

#.1 TYPE - Added definition for the two new types of items charges may be associated with: 6-DRG and 9-UNASSOCIATED

#399 BILL/CLAIMS #304 PROCEDURES MULTIPLE

#.01 PROCEDURES - Deleted BASC Billable (399,304,4) trigger (3), out of date.

#1 PROCEDURE DATE - Deleted BASC Billable (399,304,4) trigger (2), out of date.

#5 DIVISION - Deleted BASC Billable (399,304,4) trigger (1), out of date.

#6 ASSOCIATED CLINIC - Updated field screen to check for Active Clinic. Also added a trigger to set the Procedures Division (399,304,5) based on the clinics division.

#14 CPT MODIFIER - Updated modifier screen to use the new CPT API.

NEW/UPDATED RECORDS

#363 RATE SCHEDULE

An Inactive Date (363,.06) is added to each Reimbursable Ins., No Fault, and Worker's Comp Rate Schedule that does not already have either an effective or inactive date. This applies to the first installation only. This inactive date is one day before the new Reasonable Charges Rate Schedules will be effective: 8/31/99.

Nine new Rate Schedules are added to link Reasonable Charges with the Rate Types to which they should be billed.

	RS Name	Rate Type	Bill Type	Effective
1	NF-INPT	NO FAULT INS.	INPATIENT	9/1/99
2	NF-OPT	NO FAULT INS.	OUTPATIENT	9/1/99
3	NF-RX	NO FAULT INS.	OUTPATIENT	9/1/99
4	RI-INPT	REIMBURSABLE INS.	INPATIENT	9/1/99
5	RI-OPT	REIMBURSABLE INS.	OUTPATIENT	9/1/99
6	RI-RX	REIMBURSABLE INS.	OUTPATIENT	9/1/99
7	WC-INPT	WORKERS' COMP.	INPATIENT	9/1/99
8	WC-OPT	WORKERS' COMP.	OUTPATIENT	9/1/99
9	WC-RX	WORKERS' COMP.	OUTPATIENT	9/1/99

Note that when installing into a test account the inactive date will be 9/30/98 and the effective date will be 10/1/98.

#363.1 CHARGE SET

The Charge Type field (363.1,.04) value is deleted from all non-Reasonable Charges Charge Sets. This field previously was informational only. With this patch it now effects charge calculations so it should be set for Reasonable Charges Charge Sets only.

#363.21 BILLING ITEMS
Two Billing Items are added:
SKILLED NURSING (Type=Miscellaneous)
SUB-ACUTE CARE (Type=Miscellaneous)

#363.3 BILLING RATE
Four new Billing Rates are added:
RC INPATIENT FACILITY
RC SKILLED NURSING/SUB-ACUTE
RC OUTPATIENT FACILITY
RC PHYSICIAN

#363.32 BILLING SPECIAL GROUPS
Two groups are exported with this patch:
STANDARD RVCD LINKS
RC PROVIDER DISCOUNTS

#363.33 BILLING REVENUE CODE LINKS
215 entries are exported with this patch linking 2108 CPT codes to 57 revenue codes for the STANDARD RVCD LINKS special group.

#363.34 BILLING PROVIDER DISCOUNT
The 8 provider discount types defined/required by Reasonable Charges are exported with this patch for the RC PROVIDER DISCOUNT special group.

#399.1 MCCR UTILITY
Two new Billable Bedsections added (399.1,.12):
SKILLED NURSING/SUB-ACUTE CARE
OBSERVATION CARE

#399.1 MCCR UTILITY
Two new Billable Events are added (399.1,.21):
INPATIENT DRG
UNASSOCIATED

#399.2 REVENUE CODE
Any revenue code exported as part of the STANDARD RVCD LINK special group is activated (399.2,2). There are potentially 57 revenue codes that may be activated:

301,302,305,306,307,309,310,311,312,320,322,323,324,333,341,
342,351,352,359,360,362,370,401,402,403,404,410,413,420,430,
440,441,450,460,470,471,480,481,482,610,636,730,731,740,750,
761,901,910,914,915,916,918,920,921,922,924,943,

#364.5 IB DATA ELEMENT DEFINITION (Output Formatter)
The following entries were modified so the HCFA 1500 block 32 ADDRESS WHERE SERVICES WERE RENDERED will now contain the Institutional address of the bill's Default Division.

N-FACILITY NAME (114)
N-FACILITY STREET ADDRESS 1 (116)
N-FACILITY CITY (117)
N-FACILITY STATE (118)
N-FACILITY ZIP CODE (119)
N-FACILITY STREET ADDRESS 2 (155)

#364.7 IB FORM FIELD CONTENT FILE (Output Formatter)
ACCEPT ASSIGNMENT (BX-27)(357) - HCFA 1500, changed Data Element From N-Get from Previous Extract to N-Assign of Benefits Indicator so field now marked

FACILITY STATE EXTRACT (327) HCFA 1500, corrected format

INPUT TEMPLATES

IB SCREEN4 (Jun 22, 1999@17:22)
- Screen 6, Enter/Edit Billing Information [IB EDIT BILLING INFO]
- Removed code displaying Inpatient Diagnosis, no longer needed.

IB SCREEN6 (Jun 15, 1999@10:15)
- Screen 6, Enter/Edit Billing Information [IB EDIT BILLING INFO]
- Added Charge Type (#399,.27) to selection 1.
- Added Form Type (#399,.19) to selection 1.
- Also added variable to cause charges to be recalculated at end of editing of selection 1. If the Division or Charge Type changes the charges may change.

IB SCREEN7 (Jun 15, 1999@10:17)
- Screen 7, Enter/Edit Billing Information [IB EDIT BILLING INFO]
- Added Charge Type (#399,.27) to selection 1.
- Added Form Type (#399,.19) to selection 1.
- Also added variable to cause charges to be recalculated at end of editing of selection 1. If the Division or Charge Type changes the charges may change.

LIST MANAGER TEMPLATES

All List Manager Templates added or updated are part of Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option screen displays.

IBCR SPECIAL GROUPS	New	Display Special Groups.
IBCR REVENUE CODE LINK	New	Display Revenue Codes Links.
IBCR PROVIDER DISCOUNT	New	Display Provider Discounts.
IBCR BILLING REGION	Edited	Display 30 characters for the Billing Region name rather than 20.

PROTOCOLS

All protocols added or updated are part of Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option and add functionality to the corresponding List Template.

IBCR INTRODUCTION MENU	Edited	Added new Action (SG).
IBCR PROVIDER DISCOUNT EDIT	New	
IBCR PROVIDER DISCOUNT MENU	New	
IBCR PROVIDER DISCOUNT SCREEN	New	
IBCR REVENUE CODE LINK CHANGE	New	
IBCR REVENUE CODE LINK EDIT	New	
IBCR REVENUE CODE LINK MENU	New	
IBCR REVENUE CODE LINK SCREEN	New	
IBCR SPECIAL GROUPS EDIT	New	
IBCR SPECIAL GROUPS MENU	New	
IBCR SPECIAL GROUPS SCREEN	New	

OTHER

- All direct references to the CPT files within the software exported in this patch have been replaced with the CPT API calls.
- 92 Routines are exported with this patch, 20 are new.

Appendix B - Upload Reasonable Charges Data Files

To bill using Reasonable Charges, the sites charges must be loaded into the Charge Master.

The National Reasonable Charges are available in 9 Host files that contain the national item charges and the area adjustment factors. These Host files are loaded onto a sites system. Local Site Specific Reasonable Charges are calculated for the divisions billed at the site. These Site Specific Reasonable Charges are then loaded into the Charge Master.

Please note there are two different sets of temporary files (XTMP) being used. The first contains the raw data uploaded from the National Reasonable Charges Host Files. This set is then used to calculate the site-specific charges which creates the second set of temporary files. It is this second set of files that contain the data loaded into the Charge Master.

The primary option for loading Host files into the Charge Master is the Load Host File into Charge Master [IBCR HOST FILE LOAD] option on the Charge Master IRM Menu [IBCR CHARGE MASTER IRM MENU].

Charge Upload Process

Complete the following steps to upload Reasonable Charges into the Charge Master:

A. Determine the divisions that charges need to be loaded for.
These are divisions the site bills for and should be defined in the Medical Center Division file (#40.8). Steps D-G must be repeated for each division charges are needed for.

B. Get the 9 Reasonable Charges Host Files from the Anonymous directory.
There are two sets of Host files available for upload. Once set is exclusively for test accounts. The effective date of the charges in this set is 10/1/98 which will allow testing or familiarization with Reasonable Charges functionality. These test files should not be loaded into a production account since Reasonable Charges can not legally be used for bill charges until 9/1/99.

To load into a production account, effective 9/1/99: (IBRCV* w/*=A-I)

IBRCVA.TXT	Inpatient Facility Charges (DRG)
IBRCVB.TXT	Inpatient Facility Charge Area Factors
IBRCVC.TXT	Outpatient Facility Charges (CPT)
IBRCVD.TXT	Outpatient Facility Charge Area Factors

IBRCVE.TXT	Physician Charges (CPT)
IBRCVF.TXT	Physician Charges, Anesthesia and Pathology (CPT)
IBRCVG.TXT	Physician Charges, Total RVUs Only (CPT)
IBRCVH.TXT	Physician Charge Area Factors
IBRCVI.TXT	Physician Charge Area Factors, Total RVU's Only

To load into a test account, effective 10/1/98: (IBRCT* w/*=A-I)

IBRCTA.CSV	Inpatient Facility Charges (DRG)
IBRCTB.CSV	Inpatient Facility Charge Area Factors
IBRCTC.CSV	Outpatient Facility Charges (CPT)
IBRCTD.CSV	Outpatient Facility Charge Area Factors
IBRCTE.CSV	Physician Charges (CPT)
IBRCTF.CSV	Physician Charges, Anesthesia and Pathology (CPT)
IBRCTG.CSV	Physician Charges, Total RVUs Only (CPT)
IBRCTH.CSV	Physician Charge Area Factors
IBRCTI.CSV	Physician Charge Area Factors, Total RVU's Only

C. Place the National Host files into a directory accessible from Vista.

D. Load the National Host files into temporary files (XTMP) and calculate site specific charges:

Selection 1.3 of Load Host File into Charge option

This option loads the raw data in the host files then performs the site specific calculations required to create the site specific Reasonable Charges that may be loaded into the Charge Master.

1) If any site-specific Charge Master load files exist they will be displayed and requested to be deleted. These must be deleted before continuing with the calculation of new site files.

2) If the National Host Files have already been loaded on the system so that the first set of temporary files exists then they will be displayed and it will ask if these should be deleted and re-loaded. It is not required that these files be re-loaded every time a site calculation is performed. If they exist they may be used.

3) If the National Host Files have not been loaded onto the system:
   a) A message will be displayed if the test version of the files will be loaded. If this message is displayed and the account is not a test account do not continue! **Do not load the test version of the files into a production account!** Contact support.
   b) Enter the directory where the Host files exist.

i. Any of the required Host Files that are found in that directory will be displayed.
ii. If all required files are not found in the specified directory the process will abort.

c) Enter Yes or No to proceed, if No the process will abort.
If Yes is entered the following will occur:
i. The National Host Files of raw data will be uploaded into the first set of temporary files (XTMP).
ii. The list of (9) temporary files created will be displayed. These should correspond directly to the National Host files.

4) Select a division to calculate charges for. This should be a division the site bills for and should be defined in the Medical Center Division file (#40.8).
a) Enter a division billed at your site
i. Some divisions will not have inpatient charges defined, such as CBOC.
ii. Some divisions will have two entries, one for their inpatient charges and one for outpatient and physician charges. If you want to bill both types of care both entries must be loaded.
iii. Some divisions will have inpatient, outpatient, and physician charges under the same division entry.

5) Calculate site specific charges for a division and create the second set of temporary files. These files are formatted for the upload into the Charge Master.
a) Enter Yes or No to proceed with the calculations of the site-specific charges, if No the process will abort. If Yes is entered the following will occur:
i. The division specific charge calculations will be completed and the second set of temporary files will be created. (Example names are for division 500-Albany,NY)

There are potentially 7 different types of Charges that will be calculated resulting in potentially 5 Charge Sets.

IBCR UPLOAD RC 500 ALBANY, NY Count = 12409
IB Upload of RC 500 ALBANY, NY, 7/22/99@17:15 by SMITH,J

	Subfile	Item	Count	Charge Set
1	Inpt Fac Anc	DRG	499	RC-INPT ANC 500
2	Inpt Fac R&B	DRG	499	RC-INPT R&B 500
3	Inpt SNF	MISCE	2	RC-SNF 500
4	Opt Fac	CPT	4067	RC-OPT FAC 500
5	Phys Fee G	CPT	5832	RC-PHYSICIAN 500
6	Phys Fee O	CPT	192	RC-PHYSICIAN 500

7 Phys Fee P&A CPT 1318 RC-PHYSICIAN 500

Some divisions will not have Inpatient charges defined, such as CBOC, and therefore the three inpatient sets of charges will not be created. In this case a message will be displayed.

ii. While the calculations are being performed it will also attempt to set up all the related Charge Master elements that will be required to successfully bill Reasonable Charges:

- Billing Regions: RC 500 ALBANY, NY
  A Billing Region will be created for the division if one does not already exist. The division will be added to that Billing Region if the division is defined in the Medical Center Division (#40.8) file. If not, a message will be displayed. If no division is assigned to a region then those charges can not be used on a bill.

- Charge Sets: RC-INPT R&B 500..
  A Charge Set for the type of charge and division will be created. The charges will be immediately linked to this set so step E (2-Assign Charge Set) may not be needed. However, if a Charge Set of the same name already exists then a new one will not be created and therefore will not be linked with the charges. A Warning that the Charge Set was not created will be displayed as an indicator that the Assign Charge Set step is required.

- Rate Schedules:
  When the new Charge Sets are created it will attempt to add them to the appropriate Rate Schedules for Reimbursable Insurance, No Fault, and Worker's Comp.

iii. When the charge calculations are complete the list of charge files created will be displayed along with any assigned Charge Set.

E. Assign Charge Sets

Selection 2 of Load Host File into Charge option

The purpose of this step is to assign the charges that are to be loaded into the Charge Master to existing Charge Sets. This step may have been completed automatically when the charges were calculated (D.5.a.ii.) unless a Charge Set already existed for the charge and division. In this case this step must be completed before the charges may be loaded into the Charge Master.

1) The sets of charges will be displayed with any already assigned Charge Set.
2) Ensure each of the 7 charge types is assigned to the correct Charge Set.

Using Albany, NY as an example the display should look like this:

IBCR UPLOAD RC 500 ALBANY, NY Count = 12409
IB Upload of RC 500 ALBANY, NY, 7/22/99@17:15 by SMITH,J

	Subfile	Item	Count	Charge Set
1	Inpt Fac Anc	DRG	499	RC-INPT ANC 500
2	Inpt Fac R&B	DRG	499	RC-INPT R&B 500
3	Inpt SNF	MISCE	2	RC-SNF 500
4	Opt Fac	CPT	4067	RC-OPT FAC 500
5	Phys Fee G	CPT	5832	RC-PHYSICIAN 500
6	Phys Fee O	CPT	192	RC-PHYSICIAN 500
7	Phys Fee P&A	CPT	1318	RC-PHYSICIAN 500

F. Check Data Validity

Selection 3 of Load Host File into Charge option

Use this option to check the data in the files for compatibility with Vista.

The following two errors may occur and can be ignored: (inactive CPT codes)

4793 = 78726^2990901^^370.27^ Line/Data Error: Not a valid active Item in source file
4794 = 78727^2990901^^435.32^ Line/Data Error: Not a valid active Item in source file

G. Load into Charge Master

Selection 4 of Load Host File into Charge option

Load the calculated Reasonable Charges into the Charge Master. This may take some time.

The following two errors may be printed on the upload summary. They can be ignored: (inactive CPT codes)

4793 = 78726^2990901^^370.27^ Line/Data Error: Not a valid active Item in source file
4794 = 78727^2990901^^435.32^ Line/Data Error: Not a valid active Item in source file

H. Repeat steps D-G for every division needed.

Repeat the upload of charges for each division your site bills for, as determined in step A.

Charge Upload Notes/Checks

Use the Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option to ensure the Charge Master is properly configured to bill the new charges.

1) When step 1.3 is completed and the site specific charges have been compiled, the Charge Set and Billing Region for that site have been created in the Charge Master. Although the individual charges have not yet been created in the Charge Master, these two elements have been.

   If it is decided that the charges for that site are not needed then you may delete those two elements. Use the Delete Charges from the Charge Master [IBCR DELETE CHARGE ITEMS] option. When it asks if you want to delete all charges for the set answer Yes and both the Charge Set and Billing Region will be deleted.

2) The official Division number was not known for some sites when the data files were created. An 'X' number was used as a placeholder, such as 442X1 for SCOTTSBLUFF, NE. When the correct division number is known you may correct this number by editing either the Charge Set or the Billing Region in the Enter/Edit Charge Master [IBCR DISPLAY CHARGE MASTER] option.

3) The national host files loaded into XTMP will remain on the system for at least two days. Within this timeframe they may be used to load as many divisions as are required. These temporary files are deleted after two days when the task to delete old data from XTMP runs or when selection 5 - Delete XTMP files is used in option Load Host File into Charge Master [IBCR HOST FILE LOAD].

   The site-specific files may be deleted immediately by using selection 5 - Delete XTMP files or they will be deleted after two days when the task to delete old data from XTMP runs.

4) Note that some divisions will have to be loaded twice. Once for inpatient charges and a second time for outpatient and physician charges. If you want to bill both types of care both division entries must be loaded.

5) Check that all divisions you need to bill have Charge Sets and that their associated Billing Regions have the correct division(s) assigned. The charges will not be used on bills without a division assigned.

6) Check all the Reasonable Charges Charge Sets have bedsection and Revenue Code assigned.

7) Check that the new Charge Sets were assigned to the correct Rate Schedules.